



Attorney Docket No. 6750-0005.22 (IT01.U03.US4)

PATENT

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By: Gail Wardwell
Gail Wardwell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of FITZ et al.

Serial No.: 10/752,438

Examiner: Unassigned

Confirmation No.:

Art Unit: Unassigned

Filed: January 5, 2004

For: PATIENT SELECTABLE JOINT KNEE ARTHROPLASTY DEVICES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Enclosed is an Information Disclosure Statement and accompanying Form PTO/SB/08A for the above-identified patent application.

- ☒ In accordance with 37 C.F.R. §1.97(b), no additional fee for submission of the IDS is required.
- ☐ In accordance with 37 C.F.R. §1.97(c), also enclosed is:
- ☐ the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p); or
- ☐ a statement as specified in 37 C.F.R. §1.97(e).
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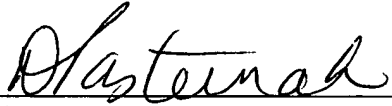
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 18-1648.

Dated: 3-19-04

Respectfully submitted,

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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 6

Complete if Known

Application Number	10/752,438
Filing Date	January 5, 2004
First Named Inventor	FITZ et al.
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	6750-0005.22

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
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	A2	4,052,753		Dedo	10-11-1977
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Sheet	4	of	6	Attorney Docket Number	6750-0005.22

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Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	T ⁴
		Office ¹	Number ²	Kind Code ³ (if known)			
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